



Healthcare-Associated Infections Multidisciplinary Group

February 03, 2016

Voting Members Present: Dale Cunningham, Louise-Marie Dembry, Alison Hong, Brenda Grant, Wendy Furniss, Jack Ross, Jacqueline Murillo Ray Andrews (Via Telephone)

Present via Telephone: Anthony Tomassoni, Ellen Edge, Laurie Brentlinger

Members Excused: Lynne Garner, Jean Rexford, Carl Schiessl

Liaison Members present: Lauren Backman, David Banach, Kristen Borgognone, Tracy Creatore, Kathryn Cusano, Megan Maloney, Richard Melchreit, Noelisa Montero, Julie Petrellis, Roza Tammer, and Bianca Cartagena.

New To Meeting: Josanne Kline, Gina Lowther

Issues Heard:

- Call to Order and Roll Call
- Welcome new members
- Approval of November 2016 HAG Meeting Minutes
- Update on Conducting CT "Frontline Hospital" Site Visit Ebola Assessments
- Update on Inventory of CT Healthcare Facilities
- CDC NHSN Training, Atlanta, GA: Feb 29, 2016 – March 4, 2016
- CT DPH HAI Program Annual NHSN Training
- Updates on the CT DPH HAI Education Campaign
- Defining CT Healthcare Facilities for NHSN-CT Data Analysis
- Updates on 2015- 2016 Connecticut Hospital Association (CHA) HAI-related Projects
- Update on 2015-2016 DPH HAI –program Research Projects

Agenda Item	Presenter	Discussion		Responsible Person(s)	Due Date
Welcome and Call to Order	R. Melchreit CT DPH HAI Program Coordinator	<ul style="list-style-type: none"> - The meeting was called to order at 9:00 am by Dr. Rich Melchreit. - Minutes for November 04, 2015 meeting were unanimously approved as written. - Roll call was heard including members who were in attendance, via telephone. 		R. Melchreit	
New Member Welcome	CT DPH HAI Program	In an effort to expand the Healthcare Associated Infections (HAI) Advisory Committee, letters of invitation were sent to several healthcare agencies. New liaison members in attendance included: Josanne Kline, Infection Control and Quality, and Assurance; CT Foot Surgery Center, Gina Lowther, Infection Control; CT GI Endoscopy Center, Rachel Crosby, IP; UCHC. Several other invited liaison members responded to the invitation to join the committee but were unable to attend.	Informational only	L. Backman DPH HAI Staff	
Old Business	Presenter	Discussion			
	L. Backman	<p>CDC Ebola Supplemental Funding to ELC (Epidemiology & Laboratory Capacity) L. Backman gave a brief over view of the Ebola Supplemental Funding from the CDC's Infection Control Assessment and Response (ICAR) Program received by the CT DPH HAI Program. The purpose of the funding is to augment the state's HAI plan, create a facility inventory of all CT health care settings and facilities, and identify infection control readiness, mitigate infection control gaps that are identified and asses an Outbreak Reporting & Response.</p> <ul style="list-style-type: none"> - State Plan to develop and implement Healthcare Infection Control Assessment and Response (ICAR) <p>CDC NHSN Training: Atlanta, GA, February 29 – March 4, 2016. L. Backman informed the committee about CDC's National Ebola Training and Education Center that is offered as part of the Ebola Response funding.</p>	<p>State Plan Developed and submitted 10/01/2015</p> <p>Expand HAI/HAG Advisory Group</p>	L. Backman, DPH HAI staff HAI/HAG	Ongoing

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New Business		CDC Ebola Supplemental Funding to ELC: State Plan to develop and implement ICAR			
Conducting CT Hospital Assessment for Ebola Readiness	L. Backman, CT DPH HAI Program	<p><u>Update on Conducting CT "Frontline Hospital" Site Visit Ebola Assessments</u></p> <p>Assess Ebola Readiness of CT Hospitals.</p> <p>L. Backman provided a slide presentation updating the committee on the status of Ebola readiness in CT ACHs. The current status of 29 CT acute care hospitals (ACHs) was presented. Two ACHs had CDC site visits to assess readiness in November 2014. The CDC Ebola Readiness Assessment (ERA) Team came to CT on August 24 & 25, 2015, to assist CT in conducting an ERA visit at one ACH. In the next 6 months, CT will lead site visits to assess for Ebola readiness at Twenty-six "Frontline ACHs".</p> <p>Conducting "Frontline Hospital" Site Visit Assessments of 26 Frontline CT Hospitals</p> <p>L. Backman discussed DPH plan to conduct Ebola/Infection Control readiness site visits at 26 Frontline Hospitals. The CDC domain categories for "Assessment" for Acute Care Hospitals were reviewed and included the following; Facility Infrastructure, Patient Transportation, Laboratory Safety and Testing, Staffing, Training, PPE, Waste Management, Worker Safety, Environmental Services, Clinical Management, Operations Coordination.</p> <p>Site Visit Agenda:</p> <ul style="list-style-type: none"> • Review EVD Hospital Plan • Conduct Walk-thru of patient arrival by ambulance or walk-in, ED Parking lot, ED, Lab, PPE donning/doffing • Review CDC Infection Prevention and Control Assessment Tool for Acute Care Hospitals • Identify Gaps • Hold small group meeting with 5-6 ACHs IPs to discuss gaps and mitigation plan. <p>L. Backman explained that the CDC ICAR team expects the HAG committee to discuss prioritizing and determining the next type of CT healthcare facility to be assessed by DPH. L. Backman will prepare a report for distribution and discussion for the next HAI meeting.</p>	<p>CT Frontline Hospitals for Ebola Readiness CDC Site: Spring/Summer 2016</p> <p>Webinar with CT IPs: To review: EVD Site Visit</p> <p>Determine next CT healthcare facilities to assess.</p>	<p>L. Backman</p> <p>L. Backman</p> <p>L. Backman HAI/HAG</p>	<p>Completed: 09/01/15 -- 3 ACH Ebola ERA Assessment Visits</p> <p>February (2016)</p> <p>May 2016</p>

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Mapping Initiative	L. Backman CT DPH HAI Program	<p>Strategy 2: Mapping Initiative (Inventory) of CT Healthcare Settings CDC has asked that the DPH/HAI program create an inventory of all healthcare settings (acute & non acute) and include for each facility type: current HAI related data, Identify regulatory/licensing oversight for each facility, explore, pilot, implement ways to expand oversight to include IC capacity or competence as a requirement for operation and collaborate with other state partners to improve coordination & communication with healthcare facilities to complete strategies. The DPH /HAI program has currently completed Inventory (contact information) for the following: Acute Care Hospitals, Dialysis Facilities, Long Term Acute Care, Ambulatory Surgical Centers, In Patient Rehab Facilities, In Patient Psychiatric Facilities (in ACH & free-standing) Ongoing : Long Term Care (Nursing) Facilities: 150 of 210 completed Needed: Urgent Care Centers: 155 Walk-in clinics, 26 Retail clinics, & 101 Urgent care.</p> <p>Mapping Initiative project A, Strategy 2: L. Backman reviewed CDC's Year 1 interim Progress Report for Healthcare facility inventory and Coordination tool that is being used to report progress on healthcare facility inventory and coordination work outlined under ICAR project A, (A2) of the ELC Ebola Supplement. This is the first of two required rounds of reporting in the 24 month project period. This report has been stratified by healthcare settings.</p>	Continue mapping CT healthcare facilities	L. Backman	Ongoing
Schedule of upcoming HAI Trainings	L. Backman, CT DPH HAI Program	<p>CT DPH HAI Program Annual NHSN Training L. Backman informed the Committee that trainings for hospital IPs on the new NHSN definitions will take place in late March and April 2016. -YNHH has offered to let DPH HAI utilize their computer lab for NHSN Data Analysis.</p> <p>CT DPH HAI Education Campaign- the committee was presented information on the statewide public education campaigns designed by DPH HAI in collaboration with the DPH Immunization department, to increase CT residents' awareness of statewide prevention efforts for reducing healthcare associated infections (HAIs) and what Connecticut healthcare patients, visitors, workers and providers could do to aid in these efforts. Campaign Messages : - Get A Flu Shot: Its Good for you CT - Sneeze into your sleeve: Its Good for you CT - Just wash your hands: Its Good for you CT</p>	Informational Only	L. Backman	

Agenda Item	Presenter	Defining CT Healthcare Facilities for NHSN-CT Data Analysis	Action Item	Responsible Person(s)	Due Date
CT NHSN Data Analysis	R. Tammer	<p>R. Tammer presented the committee with information on defining Connecticut's Healthcare Facilities for HAI Reporting Purposes. She reviewed some of the issues she has come across on Who must report, and how facilities should be defined. It was noted that CT DPHs requirements are a match to the CMS definition for defining CT HC Facilities. CT DPH has four distinct categories of facility, Acute care hospitals, Hemodialysis facilities, Long-term acute care hospitals, and Inpatient rehabilitation facilities.</p> <p>In addition to CMS definitions there are also other ways to define categories and not all agree and use the same definitions. Examples: Inpatient Rehabilitation facilities do not have a licensure category. While CMS does maintain a list of 3 standing facilities within an ACH that are defined as being IRFs and are required to report HAI data into NHSN as part of the IRF quality reporting program for CMS. Benefits of establishing clearer criteria on how facilities are defined were presented.</p> <p>-A proposal was made to the committee to have the HAI reporting at CT DPH follow the CMS guidelines regarding how facilities are defined. The facilities defined would be those eligible to participate in relevant CMS quality reporting programs for that facility type.</p> <p>Potential impact that might take place regarding data analysis, if decided to use CMS definitions were discussed. A motion to create an ad-hoc group aimed at discussing potential changes to how the HAI Program defines categories of reporting healthcare facilities was made and accepted by the committee.</p>	R. Tammer will send info to Ad-hoc group to discuss potential changes	R. Tammer	Spring 2016
Agenda Item	Presenter	Connecticut Hospital Association (CHA) HAI-related Projects	Action Item	Responsible Person(s)	Due Date
CT Hospital Associated (CHA) HAI related projects	A. Hong - J. Petrellis (CHA)	<p>Alison Hong reviewed the Hospital Engagement Network 2.0 (HEN 2.0) project. The Centers for Medicare and Medicaid Services (CMS) awarded a Hospital Engagement Network (HEN) 2.0 contract to the American Hospital Association (AHA)/Health Research & Educational Trust (HRET). The AHA/HRET HEN 1.0 was in action from December 2011 to December 2014 to reduce hospital-acquired conditions by 40 percent and readmissions by 20 percent. Over the three year project, the AHA/HRET HEN prevented roughly over 92,000 harms with an estimated cost savings of \$988 million.</p> <p>AHA/HRET partners with 34 state hospital associations and more than 1,500 hospitals to improve patient care.</p> <p>Partnership for Patients Goal: By September 23, 2016, each participating HEN 2.0 hospital reduces inpatient harm by at least 40 percent and avoidable readmissions by at least 20 percent. All 26 Acute care Hospitals in CT participate in HEN 2.0.</p> <p>Informational and Educational materials are accessible to public at the AHA site- http://www.aha.org</p> <p>CHA Project ends Sept 26 2016: CHA organization focus is reducing CMS reportable, C. Diff. Infections and SSI.</p>	Informational Only:	A. Hong J. Petrel	

Agenda Item	Presenter	Update on 2015-2016 DPH HAI –Program Research Projects		Responsible Person(s)	Due Date
	M. Maloney, CT DPH HAI	<p>M. Maloney presented the committee on HAI research updates, past, current and future projects. Emerging Infections programs: Acute Care Hospital HAI & Antimicrobial Use Prevalence Survey (Phase 4)</p> <ul style="list-style-type: none"> •Point Prevalence Survey of a sampling of up to 100 patients on a single survey date •Evaluating patients symptomatic &/or under antimicrobial treatment for HAIs on survey date •Phase 3 completed in 2011: in CT 13 hospitals, 945 patients •2015/2016 currently underway: 14 CT hospitals, precise # patients unknown at present •Significant Changes to 2015 survey protocol •Substantially enhanced antimicrobial use component- more precise characterization of all antimicrobial therapy on survey date •Specialized review of antimicrobial therapy patients in 4 categories <ul style="list-style-type: none"> - Vancomycin treatment for any rationale - Fluoroquinolone treatment for any indication - Treatment of Community-Associated Pneumonia - Treatment of Urinary Tract Infection •Post-discharge mortality will be evaluated as an integrated part of this survey <p>Focus on maintaining comparability with 2011 Phase 3 data while simultaneously reflecting the evolution of NHSN HAI definitions</p> <ul style="list-style-type: none"> -Survey is simultaneously evaluating patients for HAIs using 2011 and 2015 definitions -2015 Ventilator Associated Events definitions are also in use <p>Survey evaluates all NHSN-defined HAIs not strictly those mandated by states and CMS</p> <ul style="list-style-type: none"> •affords opportunity to estimate “less-common” HAIs •data provides beta testing for NHSN definitions- potentially informing future updates <p>Current Progress</p> <ul style="list-style-type: none"> • All survey dates are complete at all sites • In CT, chart reviews are complete at ~9/14 hospitals • All chart reviews & data entries are expected to be completed by June 30, 2016 at all sites. Yale EIP staff have been instrumental in implementation of this survey 	Survey ACH	M. Maloney N. Montero Yale EIP	June 2016
Update on 2015-2016 DPH HAI – Program Research Projects		<p>Upcoming EIP Projects</p> <p>HAI & Antimicrobial Use Prevalence Survey in LTCFs.</p> <ul style="list-style-type: none"> •Planning for implementation of full-scale survey to begin July 2016 •Sampling of CTs ~200 LTCFs will be surveyed in 2017 •3 site, EIP pilot LCTF survey in 2014 included 250 patients in 2 CT LTCFs (data presented at CIDS 2015, publication in progress) •Modified McGeer criteria will be used instead of NHSN for a specific focus on care delivery in 	Action items listed below	M. Maloney	

		<p>the LTCF setting</p> <ul style="list-style-type: none"> •Unlike the acute care setting, no alternate source of comparable data currently exists <p>Proposed Innovation Project- prevalence and treatment of sepsis in Acute care facilities</p> <ul style="list-style-type: none"> •Planning to begin July 2016 •Likely to be initiated as a pilot in 2016 or 2017 <p>Non-NHSN HAI Surveillance Carbapenem-Resistant Enterobacteriaceae (CRE)</p> <ul style="list-style-type: none"> •Laboratory reporting initiated in 2014 •Effective January 2016- new, modified reporting requirement •Adoption of CSTE-recommended national case definition for inter-state comparability •Simplification of definition •Evaluation of first 2 years of reported data currently underway •Estimated 200-300 incident cases •Chart reviews of all hospitalized patients •Laboratory reviews to assemble antibiogram data •Comparability between 2014/2015 definition and new 2016 definition •Data to be disseminated this Spring <p>Action Items:</p> <ul style="list-style-type: none"> • Acute Care Hospital chart reviews & data entry for are expected to be completed • Meet with CHA Lab Admin and Hospital IPs to review CRE reporting. • CIDS- Ct Infectious disease society conference <p>2015 Laboratory based Survey to receive an Individualized Hospital specific report of findings.</p>			
		2016 Quarterly Meeting Dates:			
2016 HAI Committee Meeting Dates	R. Melchreit, CT DPH Program	<p>Meetings will be held from 9-11 am at CHA Wallingford, CT</p> <ul style="list-style-type: none"> • February 3, 2016 • May 4, 2016 • August 3, 2016 • November 2, 2016 – (Location TBD) 	Informational Only	R. Melchreit	
Adjournment	R. Melchreit	A motion was made to adjourn, all members accepted.		R. Melchreit	
Attachments		<ol style="list-style-type: none"> 1. DPH Advisory Committee Meeting: February 3, 2016 (Power Point)- L. Backman 2. CT HAI Advisory Committee November 4, 2015 meeting minutes. 3. Defining CT's Healthcare Facilities for HAI Reporting Purposes (Power Point)-R. Tammer 4. Healthcare - Associated Infections Research Update (Power Point)- M. Maloney 			

Ongoing 2015-2016 Initiatives to be Discussed and Finalized 2015-2016

Actual Date of

Completion

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| 1. 2010-2014 & updated 2015-2019 CT HAI State Plan | Completed: October 1, 2015 |
| 2. 2015 CT Infection Prevention Survey | Completed: September 15, 2015 |
| 3 Assessing hospitals for Ebola readiness | Ongoing |
| 4. Facility inventory of CT healthcare facilities | Ongoing |
| 5. CT DPH Healthcare Quality & Safety (Regulations & Facility Licensing) State Surveys for IC gaps. | Completed for ACH: September 15, 2015
50% Completed for LTC (nursing home): 11/01/15 |
| 6. CT DPH HAI Outbreak Reporting Plan | Ongoing |